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ABSTRACT

This review analyzes the clinical and client-centered approaches to counseling. Clinical counseling separated from vocational counseling in the third decade of this century. A split took place between guidance and discipline. The mental hygiene movement facilitated this split. In 1942 Carl Rogers made an impact on counseling theory with the client-centered approach. The nature, history and processes of clinical and client centered counseling are explored. (HFD)

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THE CLINICAL AND CLIENT-CENTERED APPROACH TO COUNSELING

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HISTORICAL BACKGROUND

For a historical introduction, I have choosen the movement which developed out of World War I for the beginning point. The men that made outstanding contributions in this area were Paterson, Pintner and Brewer. It was in this era that Thorndike presented his concept of social and mechanical intelligence as additions to and different from the traditional academic or verbal intelligence as measured by I.Q. These theortical speculations and experiements in testing initiated the vocational guidance movement in the 1920's under the leadership of Kitson, Myers, Jones and Brewer. The term "vocational guidance" was coined and first used by Frank Parsons who established the Vocational Bureau in 1908. Clinical counseling began to separate from vocational counseling in the decade from about 1930 to 1940. It was at this time that guidance activities were frequently tied with disciplinary functions and as we know, the two activities do not mix very well. So it was inevitable that the split take place. The separation of guidance from administrative functions was further established by the expanding mental hygiene movement, which concentrated on the personal structure and development, emotional factors and psychotherapy. In the second half of the 1940's and all of the 1950's there was a great contribution made by E. K. Strong in measurement of interest. It was also at this time that Darley, Super, Berdie, Canter and others, furthered interest measurement by making important research

reports on educational-vocational interests, which facilitated the counselor's task. Carl Rogers (1942) made the most significant contribution in counseling theory. His paramount contribution was that he made the counselee the center, not only as object but also as process. His theory initiated circumspection by other schools of thought concerning their positions. Carl Rogers' book Counseling and Psychotherapy brought in a tumultuous controversy over "directive," "non-directive" and "non-non-directive" counseling and the meanings of these terms, both in theory and in practice. With this theory as a catalyst, new synthesis was made and both self-theory and the role of client perception concepts were quickly utilized in the theory and practice of most counselors.

In 1945, counseling had drawn from many other diciplines. These diciplines being: mental hygiene, psychiatry, psychoanalysis and psychiatric social work, rehabilitation, statistics and researchers in all levels of education.

This brief historical background has surveyed some of the contributions made to the counseling and guidance movement by diverse diciplines in a hope that the brevity of this writing does not take too much away from other contributions or contributors.

CLINICAL COUNSELING

Nature of Counseling: One of the leaders in the clinical or trait-centered approach to counseling has been E. G. Williamson. We can state unequivocally that the development of this approach is closely related to the development of psychological tests and the

growth of educational and vocational counseling. For a definition of clinical counseling, the writer has chosen that proposed by Hahn and MacLean (1950):

> "clinical or psychological counseling is a process which takes place in a one-to-one relationship between an individual troubled by problems with which he cannot cope alone and a professional worker whose training and experience have qualified him to help others reach solutions to various types of personal difficulties."

In the clinical approach, the counselor varies his roles and techniques to present the situation needed by the client in the solution of his particular problem. The methods used are drawn from the methods of science; that is, experiemental, statistical, and conceptualization to the process of human adjustment. The counselor plays an active role and takes the responsibility for deciding what data are needed and for collecting this data which is pertinent to the case. The information gathered is interpretered to the client. The interview is conducted much as a conversation between two people, except the counselor keeps in mind that the conversation has a specific purposes; that is, the counselor's emphasis is upon the diagnosis as a requisite to treatment. The counselor maintains a varied and running discussion of the data, constantly shifting his expositions and illustrations in terms of the student's verbal and facial expressions during the interview (Tolbert, 1959).

The counselor does not follow any set pattern of activities, but does utilize certain steps which may or may not be taken in order. Frequently, more time must be spent on certain steps than on others, which gives the counselor and counselee freedom to concentrate

in certain areas. According to Williamson, the steps the counselor uses are six in number, as follows:

1. Analysis, which refers to the collecting of data from varied sources, thus enabling the counselor to understand the client.

2. Snythesis, which is the summarizing and organizing of the data from analysis in the hope that such a procedure will enable the counselor to acquire a knowledge of the client's assets, liabilities, adjustment and maladjustment.

3. Diagnosis, which enables the counselor to draw conclusions concerning the characteristics and causes of the problems exhibited by the client.

4. Prognosis, which is the counselor's predicition of the future development of the client's problem or what will be the outcome of some particular choice of action.

5. The fifth step concerns counseling which enables the counselor and client to prescribe the steps to be taken in order to resolve the problem or problems.

6. The final step is follow-up, which includes what the counselor might do to assist the client with new problems which may develop and to determine the results of the counseling administered. (Williamson 1950)

It may be stated at this time that clinical counseling differs from traditional counseling in that it merely does not collect data in the hope that data itself will lead to a solution to the problem but that the data must be interpretered in order to find answers. Emphasis is on the scientific and developmental process rather than the therapeutic or remedial process.

The Process: At this point the writer shall discuss the six steps of clinical counseling and the sources which might be used to fulfill the needed requirements of each step.

Sources of analytical information may include the results of psychological and aptitude tests and reports from psychometrists who may observe significant behavior indicative of attitudes, emotions, interest and aptitudes. Teachers may contribute significant information concerning behavior. Parents may be a good source of information, which may include attitudes and modes of family discipline and regulations. Other counselors may contribute significant information about the client. Specialized personnel in the fields of health, extra-curricular activities, finance, part-time employment, speech, reading and study disabilities who may have come in contact with the client in different situations can contribute a vast amount of pertinent information. During the interview, the counselor, in the process of talking to the client, has an opportunity to acquire a sample of the client's attitudes, prejudices, beliefs and interests, which could not be analyzed by objective techniques. It is the responsibility of the counselor to assimilate available data before the interview which enables him to supplement and explain the data by projective interviewing with the counselee.

Synthesis is the collating and summation of the data collected from step one. Collating and summation of the data is usually culminated by means of the case study. It is at this point that the counselor and client search for a pattern of consistency in the data. Many times the counselor may assist the client to think clearly and to develop readiness for thinking before the client can effectively participate in the synthesizing process (Tolbert, 1959).

Such a pattern of consistency discussed above may describe

and explain the client's characteristics and indicate the possible and desirable treatment, therapy, or counseling which should be carried out by the client and the counselor. The process of searching for a pattern is called diagnosis. (Williamson 1950) It is the responsibility of the counselor to state the counselee's problem. The diagnosis must be tested by determing how logical it is and how well it correlates with the essential information, and by how well it works.

Prognosis is the counselor's conclusion or statement concerning the prediction of the client's problem and the future development of the problem. The counselor judges the probable consequences of the problems or problem, the probability for adjustments and thereby, indicating the alternative action and adjustment for the client to consider. (McDaniel 1959)

Counseling is the actual face-to-face process for the purpose of helping the student. The counselor's role is to present evidence pro and con for the client or counselor's decision concerning the problem. The counselor indicates data which are favorable and unfavorable, adds up the evidence for or against, then advises the client to shift goals, to change social habits or retain present ones. Williamson (1950) classifies methods of advising under the headings of: direct, persuasive and explanatory. Counseling techniques which could be used might include: forcing confirmity, changing the environment, selecting the needed environment, learning needed skills and changing attitudes. In the counseling-helping situation, the counselor establishes rapport, cultivates

self-understanding, advises or plans a program of action, carries out the plan, refers the client to another personnel worker for additional assistance if needed.

The final step, follow-up, includes what the counselor does to assist the client with new problems, with reoccurrences of the original problem and last, but not least, what is done to determine the effectiveness of counseling. With follow-up, the steps in the counseling process are completed.

The Bases: Bases for this approach to counseling draws support from from a trait theory of personality. Traits are estimated by various means, including tests and predictions about the kind of person the counselee is. Factor analysis has aided greatly in understanding pure traits, that is, underlying psychological characteristics which account for various sorts of behavior.

In conclusion, we can state that the basis for clinical counseling involves primarily the process of collecting valid data about the client's traits and ensuring that the client use these data correctly.

CLIENT-CENTERED COUNSELING

Nature of Client-Centered Counseling: The leader and innovator of the client-centered approach to counseling has been Carl R. Rogers. In this particular approach, counseling is considered to be a process of helping the client to use his own inner resources to solve problems. The counselor attempts to aid the client in the "self-actualizing" process by accepting, by valuing him, by seeing the client's world as the client sees it and by "feeling" with the client.

Accordingly, the client is supposedly able to face his acceptable and unacceptable characteristics without fear and rejection, praise or blame. As the accepting of the self is improved, the client can make use of growth forces and potential. This approach concentrates mainly upon attitudes and not on a mere set of techniques. The main hypothesis of this approach is that the client has a sufficient capacity to deal constructively with all those aspects of his life which can potentially come into conscious awareness.

Collecting case material and making a diagnosis is not useful to the client-centered counselor. He believes that such a technique fosters the belief that the client cannot help feeling that the solution of his problem is being taken over by the counselor. According to this approach, the collecting of data and of diagnosis is not only unnecessary, but may be detrimental in some cases. So we can say, in a sense, that the client makes his own diagnosis. It was thought at one time that this approach could be used in only certain types of therapy, but the view has changed to include applicability to all people. According to Tolbert (1959), it is primarily for emotional problems that require therapy. The length of the process has undergone some modification. It was once thought that six to fifteen contacts were satisfactory and if maladjustment is not extreme, two, four or six contacts are sufficient to resolve the problem. In some cases, only one contact is sufficient to resolve the problem. The more recent trend has been to have a greater number of contacts over a longer period of time.

We shall now shift our attention to the step-by-step description of the process utilized in the client-centered approach to counseling.

1. The individual decides that he needs help and comes in to see the counselor.

2. The counselor defines the nature of the counseling process, indicates that he does not have the answers but that he and the client can work cooperatively to find answers.

3. The counselor helps the client to express feelings and attitudes.

4. The counselor does not evaluate but accepts feelings (usually negative) and clarifies them. He attempts to understand the feelings underlying the client's statements.

5. Following expression of negative feelings, positive feelings begin to emerge. These are indications of growth.

6. Positive feelings are recognized and accepted, as were negative feelings. The individual begins to understand the sort of person he is.

7. As he begins to understand himself and to accept himself, the client achieves new levels of adjustment. He can accept admirable self-aspects as well as the less admirable ones.

8. The client begins to gain an understanding of the possible courses of action or choices open to him. The counselor helps him to understand these choices and his feelings about them.

9. Faint positive actions are instituted by the client.

10. Further growth, insight and positive actions are in evidence.

11. The client becomes more able to make choices and take actions and he becomes more self-directing. He may become interested in the counselor as a person; he is less defensive and shows considerable acceptance of himself. The counselor may supply him with information needed.

12. The counselee indicates that he feels a decreasing need for help and while he may feel ambivalent about leaving counseling, he is actually ready to terminate counseling. (Tolbert, 1959)

The Process: The writer believes that a brief discussion of what takes place in each step is in order.

In step one the coming in for help is recognized as the most significant step in therapy. The client has taken a responsible action of the first importance. This action may not be accepted by the client as an independent action, but if it is nurtured, it can lead toward therapy. Events insignificant in themselves often provide a ground for self-understanding as more important events.

In the second step the client is made aware that the counselor does not have the answers but that the client and counselor working together can find solutions to problems. Sometimes this is done in rather general terms, which, in other instances, the situation is most plainly defined in terms of concrete issues, such as responsibility for appointments or responsibility for steps to be taken and decisions to be made.

In step three, the expression of feelings is nurtured to some extent by the counselor's friendly, interested, and receptive attitude. The counselor must learn to keep from blocking the flow of hostility and anxiety, the feelings of concern and the feelings of guilt, the ambivalences and the indecisions which come out freely, if we have succeeded in making the client feel that the hour is truly his, to use as he wishes.

In step four, the counselor responds not to the intellectual content of what the client is saying, but to the feeling which under-

lies it. Sometimes these feelings are deep ambivalences, sometimes they are feelings of hostility, sometimes they are feelings of inadequacy. The counselor must keep in mind that no matter what these feelings are, he must create an atmosphere in which the client can come to recognize that he has these negative feelings and can accept them as a part of himself, instead of projecting them on others or hide them behind some defense mechanism.

In step five, the negative feelings which were discussed above are then followed by the faint and tentative expression of more positive impulses which make for growth. The more violent and deep the negative expressions (provided they are accepted and recognized), the more certain are the positive expressions of love, social impulses, self-respect and the desire to be mature.

In step six the counselor accepts and recognizes the positive feelings in the same manner with which he has accepted and recognized the negative feelings. No praise or approbation is attached to the positive feelings. It is the acceptance of both the negative and positive or mature and immature impulses which gives the client an opportunity for the first time in his life to understand himself as he really is.

In step seven, which is insight, the client gains an understanding of the self and acceptance of the self. It provides the basis for which the individual can go ahead to new levels of integration. A typical remark at this stage might be: "I'm just a spoiled brat, but I do want to be normal. I wouldn't let anyone else say that of me, but it's true."

In step eight the counselor may clarify possible decisions, possible courses of action and help the client recognize the feelings of fear and the lack of courage to go ahead which the client is experiencing. It must be kept in mind that the counselor does not urge a certain course of action, nor does he give advice.

Step nine consists of trying out some of these alternatives because the client wants to, not because he is urged to. The client sympathetically recognizes that such action would take a great deal of courage, and that while he wishes he had such fortitude, he may not be able to take such a step. If he does take the step, he is usually enormously helped in self confidence.

In step ten, once the individual has achieved considerable insight and has fearfully and tentatively attempted some positive actions, the remaining aspects are elements of further growth. There is a further development of insight and more complete and accurate self-understanding as the individual gains courage to see more deeply into his own actions.

In step eleven, the client takes more integrated positive action. The client's fear about making choices is alleviated and he is more confident in self-directed action. It is at this point that the counselor and counselee are working together in a new sense. The client may want to know something about the counselor and may express a friendly and genuine interest, which is very distinctive. Actions are brought into the discussion for consideration, but there is no longer the dependence or fear which were present earlier.

In step twelve, which is the last, the counselee feels the decreasing need for help, and a recognition that the relationship

must end. Many times there is an expression of personal feeling by the counselee toward the counselor. The counselor may reciprocate these feelings.

As in the directive approach, these steps do not have to follow any rigid order, but may be used as a guideline. As therapy progresses there is a tendency to concentrate on the present situation, rather than on the past. Due to the time element, specific "movements" cannot be discussed, but it is hoped that if interest is fostered in this paper, further readings of Rogers may help clarify many of the steps discussed.

The Bases: The bases for the client-centered approach to counseling draws heavily from personality theory. According to this theory the individual sees reality in a personal way and no one else can know reality and understand it in the same way he does. The self is made up of interaction with others, direct experienced values and partly from values taken from others. Some of these experiences are accepted and others are ignored. Denial of some experiences may be conscious or unconscious or they may be denying to consciousness because they are too much at odds with the individual's self concept. These experiences may be manifested in behavior unacceptable to the individual and may cause tension because they are unmet. The reason may be that these experiences are not organized into the self structure of the individual. It must be kept in mind that the individual behaves in a way to enhance, protect and build up the self. In client-centered counseling, the self is not threatened and the individual can examine both consistent and inconsistent

experiences. It is hoped that through self-understanding and self-acceptance, the individual becomes more accepting and understanding to others.

CONCLUSION

There are several approaches other than the two discussed in this paper which would demand equal consideration if a decision as to which is the best approach to use. Both of the approaches discussed in this paper have given insight as to what a personal approach to counseling might encompass.

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